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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted With Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number B-0459 US

First Named Inventor Silvio AIME

COMPLETE IF KNOWN

Application Number TBD

Filing Date

Art Unit TBD

Examiner Name TBD

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

New Agents For Magnetic Imaging Method

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **June 2, 2003** as United States Application Number of PCT International

Application Number **PCT/EP03/05761** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(a)-(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application designating at least one country other than the United States of America, filed within 12 months (6 months for design) prior to this application, and have also identified below any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed (if any)

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed		Certified Copy Attached?	
			YES	NO	YES	NO
02012531.6	EP	June 5, 2002	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PCT/EP03/05761	PCT	06/02/2003	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below (if any):

			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require completing this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION --- UTILITY OR DESIGN PATENT APPLICATION

B-0459 US

Direct all correspondence to:		<input checked="" type="checkbox"/> The address associated with Customer Number: <u>31,834</u>	OR <input type="checkbox"/> Correspondence address below	
Name				
Address				
City		State		ZIP
Country		Telephone		Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Silvio			Family Name or Surname AIME	
Inventor's Signature <i>Silvio Aime</i>			Date Nov. 19, 2004	
Residence: City CARIGNANO (TORINO)		State ITX	Country Italy	Citizenship Italian
Mailing Address VIA GARAVELLA 3				
City CARIGNANO (TORINO)		State	Zip 10041	Country ITALY
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Valentina			Family Name or Surname MAINERO	
Inventor's Signature <i>Valentina Mainero</i>			Date Nov. 19, 2004	
Residence: City IVREA (TO)		State ITX	Country Italy	Citizenship Italian
Mailing Address VIA S. GAUDENZIO 5				
City IVREA (TO)		State	Zip 10015	Country ITALY
NAME OF THIRD INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Simonetta Chrich			Family Name or Surname GENINATTI	
Inventor's Signature <i>Simonetta Geninatti Chrich</i>			Date Nov. 19, 2004	
Residence: City TORINO		State ITX	Country Italy	Citizenship Italian
Mailing Address VIA MURIAGLIO 13				
City TORINO		State	Zip 10143	Country ITALY
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

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DECLARATIONADDITIONAL INVENTOR(S)
Supplemental Sheet

Page ____ of ____

B-0459 US

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Additional Joint Inventor, if any: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Claudia

CABELLA

Inventor's
Signature*Claudia Cabella*

Date

Nov, 19, 2004

Residence: City

PECCO (TORINO)

State

ITX

Italy
CountryItalian
Citizenship

Mailing Address

REGIONE CARESANA

City

PECCO (TORINO)

State

Zip

10085

Italy
Country

Name of Additional Joint Inventor, if any: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's
Signature

Date

, 2004

Residence: City

State

Country

Citizenship

Mailing Address

City

State

Zip

Country

Name of Additional Joint Inventor, if any: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

Zip

Country

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	TBD
	Filing Date	
	First Named Inventor	Silvio AIME
	Title	New Agents For Magnetic Imaging Method
	Art Unit	TBD
	Examiner Name	TBD
	Attorney Docket Number	B-0459 US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

31,834

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer

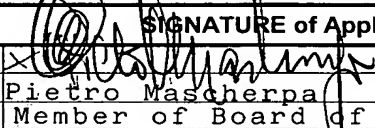
OR

<input type="checkbox"/>	Firm or Individual Name			
	Address			
	City	State	Zip	
	Country			
	Telephone	Fax		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	Mar. 23, 2004
Name	Pietro Mascherpa	Telephone	
Title and Company	Member of Board of Bracco Imaging SpA		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below *.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require completing this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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STATEMENT UNDER 37 CFR 3.73(b)

B-0459 US

Applicant/Patent Owner: Bracco Imaging S.p.A.

Application No./Patent No.: _____ Filed/Issue Date: _____

Entitled: *New Agents For Magnetic Imaging Method*

Bracco Imaging S.p.A. , a corporation

(Name of assignee) (Type of Assignee, e.g., corporation partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____%

in the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s) of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____ Frame _____, or for which a copy thereof is

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____ Frame _____, or for which a copy thereof is attached

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____ Frame _____, or for which a copy thereof is

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.0]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature

Date

Pietro Mascherpa

Printed or Typed Name

Member of Board of Bracco

Imaging SpA

Title

MEMBER OF BOARD
OF BRACCO IMAGING S.p.A.

Telephone Number

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